

Registration Information

City of Gaithersburg
Resident Registration Procedures

Wednesday, Jan. 25

Nonresident
Registration Procedures

Wednesday, Feb. 21

REFUND POLICY-

Refund requests must be made in writing at least two weeks prior to the start of the program. For a complete listing of the City's refund policy please contact Betty Woods at 301-258-6350.



All fees due by Friday, April 27

NOTE: Registrations cannot be accepted without a deposit.

ALL-DAY CAMP PAYMENTS

There is a non-refundable registration fee of \$75 per child for each all-day Camp program.

EXTENDED CARE PAYMENTS

There is a non-refundable registration fee of \$25 per child for extended care.

YAPS, FUN ZONE AND GOG PAYMENTS

There is a non-refundable registration fee of \$50 per child for each of the above programs.

YAPS, GOG AND CLINIC PAYMENTS

Full payment is required at the time of registration unless you have been approved for financial aid.

CAMP CHALLENGER AND VENTURE PAYMENTS

There is a non-refundable registration fee of \$50 per session, per child.

SCHOOL OF BASKETBALL

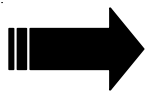
There is a non-refundable registration fee of \$100 per child.

THE BEST WAYS TO REGISTER

1. INTERNET:

Use the **RecXpress System** to register by internet, 24 hours a day, seven days per week beginning the first day of registration.

www.gaithersburgmd.gov/recxpress



You must have a *family password and personal ID number* to use this registration method. Call 301-258-6350 x 444 to request a password or e-mail parksrec@gaithersburgmd.gov a minimum of FIVE business days prior to the start of registration.

OTHER METHODS OF REGISTRATION

2. FAX:

Available 24 hrs. a day!
301-948-8364

Payment by Visa, Discover or Mastercard.

3. MAIL TO:

City of Gaithersburg
506 S. Frederick Ave.
Gaithersburg MD 20877

Payment by check (*payable to CITY of GAITHERSBURG*), Visa, Discover or Mastercard.

4. WALK-IN OR DROP OFF:

Parks, Recreation & Culture Office
Activity Center at Bohrer Park,
506 S. Frederick Ave.

Payment by cash, check, Visa, Discover or Mastercard

Clinic Registration Form

City Residents

To qualify for the City Resident rate, **the camper must reside within the corporate City limits of Gaithersburg***. City residents are those individuals residing within the City's corporate tax limits. Do not assume that a Gaithersburg mailing address is within the City's corporate tax limits.

*Falsifying Registration Information

Falsifying registration information by either claiming City residency or falsifying the age of the camper will result in the denial of the registration.

Age Requirement: Participation in the clinics is based on the age of the participant on the first day of the program.

Payment Policy: Full Payment is required when registering for all programs with the exception of School of Basketball.

Refund Policy: Refund requests must be made in writing at least two weeks prior to the start of each program session.

Financial Assistance: Financial aid is not available for summer clinics.

Many clinics quickly fill to capacity. In other cases, clinics are cancelled before the starting date if they appear to be under-enrolled. Please register during the registration period to allow for efficient organization of the clinics.

CLINIC REGISTRATION FORM

☐ Check here if new address/phone since last time registered.

Payer's Last Name _____ Payer's First Name _____

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade Fall '07	School Fall '07	Fee
<i>Example: Shannon Jackson</i>	F	10/01/97	School of BB	21591	QOHS	6/25	4	SIMARINS	
TOTAL \$									

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

Amount Paid \$ _____ Cash ☐ Check # _____
 Visa/MC/Discover# _____ Exp.Date __/____
 Signature (name on card) _____
 Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____